

ORDER FOR SUPPLIES OR SERVICES

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IMPORTANT: Mark all packages and papers with contract and/or order numbers.

| | | | | | |
|--|--|---|---------------------------|--|----------------------|
| 1. DATE OF ORDER 10/02/2006 | | 2. CONTRACT NO. (If any) DTMA8C05008 | | 6. SHIP TO: CAPE TRINITY | |
| 3. ORDER NO. CLS08C07001 | | 4. REQUISITION/REFERENCE NO. PRCR0600331 | | a. NAME OF CONSIGNEE DOT/Maritime Administration, Central Region | |
| 5. ISSUING OFFICE (Address correspondence to) DOT/Maritime Administration, CR Acquisition EMAIL: marad.cr.invoices@dot.gov | | | | b. STREET ADDRESS CAPE TRINITY | |
| | | | | c. CITY | d. STATE e. ZIP CODE |
| 7. TO: a. NAME OF CONTRACTOR | | | | f. SHIP VIA | |
| b. COMPANY NAME Crowley Liner Services, Inc. | | | | 8. TYPE OF ORDER | |
| c. STREET ADDRESS 9487 Regency Square Blvd, | | | | <input type="checkbox"/> a. PURCHASE REFERENCE YOUR: Please furnish the following on the terms and conditions specified on both sides of this order and on the attached sheet, if any, including delivery as indicated. | |
| d. CITY Jacksonville | | e. STATE FL | f. ZIP CODE 32225-8126 | <input type="checkbox"/> b. DELIVERY - Except for billing instructions on the reverse, this delivery order is subject to instructions contained on this side only of this form and is issued subject to the terms and conditions of the above-numbered contract. | |
| 9. ACCOUNTING AND APPROPRIATION DATA - X4303 - 906 - 92 - 3100 - 22TRIC - 254S - 06 - 920 - 06 - 77 - - - | | | | 10. REQUISITIONING OFFICE DOT/Maritime Administration, Central Region | |

| | | | | |
|---|---------------|------------------------|--|---|
| 11. BUSINESS CLASSIFICATION (Check appropriate box(es)) <input type="checkbox"/> a. SMALL <input checked="" type="checkbox"/> b. OTHER THAN SMALL <input type="checkbox"/> c. DISADVANTAGED <input type="checkbox"/> d. WOMEN-OWNED | | | | |
| 12. F.O.B. POINT Destination | | 14. GOVERNMENT B/L NO. | 15. DELIVER TO F.O.B. POINT ON OR BEFORE (Date) 11/30/2006 | 16. DISCOUNT TERMS 10 days % 20 days % 30 days % days % |
| 13. PLACE OF | | | | |
| a. INSPECTION | b. ACCEPTANCE | | | |

17. SCHEDULE (See reverse for Rejections)

| ITEM NO. (a) | SUPPLIES OR SERVICES (b) | | QUANTITY ORDERED (c) | UNIT (d) | UNIT PRICE (e) | AMOUNT (f) | QUANTITY ACCEPTED (g) |
|--|---|---------------------------|----------------------------|---------------------------|----------------------|-------------------------|--------------------------------|
| | SEE LINE ITEM DETAIL | | | | | | |
| SEE BILLING INSTRUCTIONS ON REVERSE | 18. SHIPPING POINT | 19. GROSS SHIPPING WEIGHT | 20. INVOICE NO. | | | | 17(h) TOT. (Cont. pages) |
| | 21. MAIL INVOICE TO:Ron Bourgeois | | | | | | |
| | a. NAME DOT/Maritime Administration, Central Region | | | | | | |
| | b. STREET ADDRESS (or P.O. Box) Finance Department,500 Poydras Street, Room 1223 | | | | \$400,000.00 | 17(i) GRAND TOTAL | |
| | c. CITY New Orleans | | d. STATE LA | e. ZIP CODE 70130-3394 | | | |

22. UNITED STATES OF AMERICA BY (Signature)

Bruce R. Lohfink, Jr.

23. NAME (Typed)
Bruce Lohfink
TITLE: CONTRACTING/ORDERING OFFICER

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RECEIVING REPORT

| | | | | | |
|------------------|--------------|--|---------------|---|------|
| SHIPMENT | PARTIAL | | DATE RECEIVED | SIGNATURE OF AUTHORIZED U.S. GOV'T REP. | DATE |
| NUMBER | FINAL | | | | |
| TOTAL CONTAINERS | GROSS WEIGHT | | RECEIVED AT | TITLE | |
| | | | | | |

[illegible]

**ORDER FOR SUPPLIES OR SERVICES
SCHEDULE - CONTINUATION**

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IMPORTANT: Mark all packages and papers with contract and/or order numbers.

| DATE OF ORDER 10/02/2006 | | CONTRACT NO. DTMA8C05008 | | ORDER NO. CLS08C07001 | | |
|-----------------------------|---|-----------------------------|-------------|--------------------------|---------------|-----------------------------|
| ITEM NO. (a) | SUPPLIES OR SERVICES (b) | QUANTITY ORDERED (c) | UNIT (d) | UNIT PRICE (e) | AMOUNT (f) | QUANTITY ACCEPTED (g) |
| 0001 | CLIN 0203AE - Cost reimbursable items (see Attachment J-9) individually funded via taks order Base year 2, Ship group 8, Ship 3 (CAPE TRINITY) THE PURPOSE OF THIS PROJECT IS TO PROVIDE CANAL TRANSIT CHARGES FOR OPERATION OF THE VESSEL IN SUPPORT OF EXERCISE/MISSION OPERATION NEW HORIZONS. <i>Delivery Date Start Date End Date</i> 11/30/2006 09/27/2006 11/30/2006 Reference Requisition: PRCR0600331 | 1.00 | LOT | 400,000.000 | 400,000.00 | |
| 0002 | ADVANCE PAYMENT AUTHORIZATION THIS IS A NEW LINE ITEM. T.O. CLS08C070001 -- CAPE TRINITY -- ADVANCE PAYMENT AUTHORIZATION OF ADVANCE PAYMENT OF CANAL FEES IS REQUESTED. THE ESTIMATED DATE FOR CANAL TRANSIT IS OCTOBER 5, 2006. THE CONTRACTING OFFICER HAS DETERMINED THAT ADVANCE PAYMENT IS CUSTOMARY IN THE COMMERCIAL MARKETPLACE FOR THIS TYPE OF SUPPLY/SERVICE, AND THE PAYMENT TERMS PROPOSED BY THE SHIP MANAGER ARE IN THE BEST INTERESTS OF THE UNITED STATES IN ACCORDANCE WITH FAR 32.202-1. AN INVOICE MAY BE SUBMITTED IN ADVANCE OF RECEIPT AND ACCEPTANCE OF THESE SUPPLIES/SERVICES. PAYMENT TO THE SHIP MANAGER WILL BE SCHEDULED FOR RECEIPT BY THE SHIP MANAGER NO MORE THAN FIVE (5) WORKING DAYS IN ADVANCE OF PAYMENT TO THE SUBCONTRACTOR. THE SHIP MANAGER SHALL RECONCILE ACTUAL COSTS AND SUBMIT AN ADJUSTING INVOICE AND REIMBURSEMENT CHECK FOR OVERPAYMENT (IF APPLICABLE) WITHIN 60 DAYS AFTER RECEIPT OF ADVANCE PAYMENT. <i>Delivery Date Start Date End Date</i> 11/30/2006 09/27/2006 11/30/2006 | 0.00 | | 0.000 | 0.00 | |

TOTAL CARRIED FORWARD TO 1ST PAGE (ITEM 17i) ➡ \$400,000.00